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RWH 5/23/08

P.L. 2007, CHAPTER 236, *approved January 3, 2008*  
Assembly, No. 3027 (*First Reprint*)

1 **AN ACT** concerning prevention of violence against health care  
2 workers and supplementing Title 26 of the Revised Statutes.

3  
4 **BE IT ENACTED** by the Senate and General Assembly of the State  
5 of New Jersey:

6  
7 1. This act shall be known and may be cited as the “Violence  
8 Prevention in Health Care Facilities Act.”

9  
10 2. The Legislature finds and declares that:

11 a. Violence is an escalating problem in many health care settings  
12 in the State and across the nation, and although violence is an  
13 increasing problem for many workers, health care workers are at a  
14 particularly high risk;

15 b. According to the Bureau of Labor Statistics, the incidence of  
16 injury from nonfatal assaults of health service workers is  
17 significantly higher than that of other workers;

18 c. The actual incidence of violence is likely higher than reported  
19 for various reasons, including inadequate reporting mechanisms and  
20 because victims under-report incidents out of fear of reprisal,  
21 isolation and embarrassment;

22 d. Violence against health care workers exacts a significant toll  
23 on victims, their co-workers, patients, families and visitors;

24 e. Insurance claims, lost productivity, disruptions to operations,  
25 legal expenses and property damage are only a few of the negative  
26 effects that workplace violence has on health care facilities;

27 f. Preventing workplace violence is essential for creating a safe  
28 and therapeutic environment for patients;

29 g. Health care professionals who leave their occupations because  
30 of assaults or threats of assault contribute to the general shortage of  
31 health care professionals; and

32 h. It is possible to reduce and mitigate the effects of violence in  
33 health care settings through employer-based violence prevention  
34 programs.

35  
36 3. As used in this act:

37 “Covered health care facility” means a <sup>1</sup>**[health care facility]**  
38 general or special hospital or nursing home<sup>1</sup> licensed by the  
39 Department of Health and Senior Services pursuant to P.L.1971,

**EXPLANATION** – Matter enclosed in bold-faced brackets **[thus]** in the above bill is  
not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

<sup>1</sup>Assembly AHE committee amendments adopted January 18, 2007.

1 c.136 (C.26:2H-1 et seq.), a State or county psychiatric hospital,  
2 'or' a State developmental center '[, or a health care service firm  
3 regulated by the Division of Consumer Affairs in the Department of  
4 Law and Public Safety pursuant to P.L.1989, c.331 (C.34:8-43 et  
5 seq.)]'.

6 “Health care worker” means an individual who is employed by a  
7 covered health care facility.

8 “Violence” or “violent act” means any physical assault, or any  
9 physical or 'credible' verbal threat of assault or harm against a  
10 health care worker.

11

12 4. Within 6 months of the effective date of this act, a covered  
13 health care facility shall establish a violence prevention program for  
14 the purpose of protecting health care workers. '[A health care  
15 system with more than one covered health care facility shall have a  
16 violence prevention program at each facility.]' The program shall,  
17 at a minimum, include the requirements set forth in this section.

18 a. '(1)' The covered health care facility shall establish a violence  
19 prevention committee, which shall include a representative of  
20 management ' , or his designee', who shall be responsible for  
21 overseeing all aspects of the program. At least 50% of the members  
22 of the committee shall be health care workers who provide direct  
23 patient care or otherwise have contact with patients. In a facility  
24 'or health care system' where health care workers are represented  
25 by '[a] one or more' collective bargaining '[agent,] agents, the  
26 management of the facility or system shall consult with' the  
27 'applicable' collective bargaining '[agent shall select] agents  
28 regarding the selection of' the health care worker committee  
29 members.

30 The remaining committee members shall have experience,  
31 expertise, or responsibility relevant to violence prevention.

32 '[A health care system with more than one covered health care  
33 facility shall have a committee at each facility] (2) In the case of a  
34 health care system that owns or operates more than one covered  
35 health care facility or Department of Human Services facilities, the  
36 violence prevention program and the committee may be operated at  
37 the system or department level, provided that: (a) committee  
38 membership includes at least one health care worker from each  
39 facility who provides direct care to patients, (b) the committee  
40 develops a violence prevention plan for each facility, and (c) data  
41 related to violence prevention remain distinctly identifiable for each  
42 facility'.

43 b. Within 18 months of the effective date of this act, the  
44 committee shall develop and maintain a detailed, written violence  
45 prevention plan that identifies workplace risks, and provides  
46 specific methods to address them. The plan shall, at a minimum:

- 1 (1) provide an annual comprehensive violence risk-assessment  
2 for the covered health care facility that considers, to the extent  
3 applicable:
- 4 (a) the facility's layout, access restrictions, crime rate in  
5 surrounding areas, lighting, and communication and alarm devices;
- 6 (b) ~~'[adequacy of]~~ impact of<sup>1</sup> staffing ~~'[levels]'~~<sup>1</sup>, including  
7 security personnel;
- 8 (c) the presence of individuals who may pose a risk of violence;  
9 and
- 10 (d) a review of any records relating to violent incidents at the  
11 facility, including incidents required to be reported pursuant to  
12 subsection f. of this section, the 'Occupational Safety and Health  
13 Administration' Log of Work-Related Injuries and Illnesses (OSHA  
14 Form 300), and workers' compensation records;
- 15 (2) identify violence prevention policies; and
- 16 (3) specify methods to reduce identified risks, including training,  
17 and changes to job design, staffing, security, equipment and facility  
18 modifications.
- 19 c. The covered health care facility shall ~~'[provide]~~ make<sup>1</sup> a  
20 copy of the plan 'available, upon request.'<sup>1</sup> to the Commissioners of  
21 Health and Senior Services<sup>1</sup>, Children and Families.'<sup>1</sup> and Human  
22 Services ~~'[and the Director of the Division of Consumer Affairs]~~  
23 for on-site inspection'<sup>1</sup>, and upon request, to each health care worker  
24 and collective bargaining agent that represents health care workers  
25 at the facility<sup>1</sup>, except that, in the event the committee determines  
26 that the plan contains information that would pose a threat to  
27 security if made public, any such information shall be excluded  
28 before providing copies to workers or collective bargaining agents'<sup>1</sup>.
- 29 d. The covered health care facility shall annually conduct  
30 violence prevention training. The training shall include a review of:  
31 the facility's relevant policies; techniques to de-escalate and  
32 minimize violent behavior; appropriate responses to workplace  
33 violence, including use of restraining techniques, reporting  
34 requirements and procedures; location and operation of safety  
35 devices; and resources for coping with violence.
- 36 e. The covered health care facility shall have ~~'[sufficient~~  
37 ~~numbers of]'~~<sup>1</sup> personnel 'sufficiently'<sup>1</sup> trained to identify aggressive  
38 and violent predicting factors and 'the ability'<sup>1</sup> to appropriately  
39 respond to and manage violent disturbances.
- 40 f. The covered health care facility shall keep a record of all  
41 violent acts against employees while at work. The records shall be  
42 maintained for at least five years following the reported act, during  
43 which time employees, their authorized representatives, and the  
44 Department of Health and Senior Services shall have access to the  
45 record. The record shall include:
- 46 (1) the date, time and location of the incident;

1 (2) the identity and job title of the victim<sup>1</sup>, except that the  
2 victim's identity shall not be included if it would not be entered on  
3 the Occupational Safety and Health Administration Log of Work-  
4 Related Injuries and Illnesses (OSHA Form 300) because it is a  
5 privacy concern case under OSHA<sup>1</sup>;

6 (3) whether the act was committed by a patient, visitor, or  
7 employee;

8 (4) the nature of the violent act, including whether a weapon was  
9 used;

10 (5) a description of physical injuries, if any;

11 (6) the number of employees in the vicinity when the incident  
12 occurred and their actions in response to the incident, if any; and

13 (7) the actions taken by the facility in response to the incident.

14 <sup>1</sup>The records established pursuant to this subsection shall not be  
15 considered public or government records under P.L.1963, c.73  
16 (C.47:1A-1 et seq.) or P.L.2001,c.404 (C.47:1A-5 et al.).<sup>1</sup>

17 g. The covered health care facility shall establish a post-incident  
18 response system that provides, at a minimum, an in-house crisis  
19 response team for employee-victims and their co-workers, and  
20 individual and group crisis counseling, which may include support  
21 groups, family crisis intervention, and professional referrals.

22  
23 5. A covered health care facility shall not <sup>1</sup>**[retaliate]** take any  
24 retaliatory action<sup>1</sup> against any health care worker for reporting  
25 violent incidents. <sup>1</sup>As used in this section, "retaliatory action" shall  
26 have the same meaning as provided in section 2 of P.L.1986, c.105  
27 (C.34:19-2).<sup>1</sup>

28  
29 6. A covered health care facility licensed pursuant to P.L.1971,  
30 c.136 (C.26:2H-1 et seq.) that is in violation of the provisions of  
31 this act shall be subject to such penalties as the Commissioner of  
32 Health and Senior Services may determine pursuant to sections 13  
33 and 14 of P.L.1971, c.136 (C.26:2H-13 and 26:2H-14). <sup>1</sup>**[A**  
34 covered health care facility that is regulated pursuant to P.L.1989,  
35 c.331 (C.34:8-43 et seq.) that is in violation of the provisions of this  
36 act shall be subject to such penalties as the Director of the Division  
37 of Consumer Affairs may determine pursuant to section 12 of  
38 P.L.1989, c.331 (C.34:8-53).<sup>1</sup>

39  
40 7. The Commissioners of Health and Senior Services and  
41 Human Services <sup>1</sup>**[and the Director of the Division of Consumer**  
42 **Affairs in the Department of Law and Public Safety]**<sup>1</sup> shall adopt  
43 rules and regulations pursuant to the "Administrative Procedure  
44 Act," P.L.1968, c.410 (C.52:14B-1 et seq.) to carry out the purposes  
45 of this act.

46  
47 8. This act shall take effect immediately.

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“Violence Prevention in Health Care Facilities Act,” requires certain health care entities to establish violence prevention programs to protect health care workers.

# ASSEMBLY, No. 3027

## STATE OF NEW JERSEY 212th LEGISLATURE

INTRODUCED MAY 15, 2006

**Sponsored by:**

**Assemblyman HERB CONAWAY, JR.**

**District 7 (Burlington and Camden)**

**Assemblyman VINCENT PRIETO**

**District 32 (Bergen and Hudson)**

**Assemblywoman JOAN M. VOSS**

**District 38 (Bergen)**

**Co-Sponsored by:**

**Assemblywoman Greenstein, Assemblymen Diegnan, Gordon and Epps**

**SYNOPSIS**

“Violence Prevention in Health Care Facilities Act,” requires certain health care entities to establish violence prevention programs to protect health care workers.

**CURRENT VERSION OF TEXT**

As introduced.



**(Sponsorship Updated As Of: 1/19/2007)**



1 AN ACT concerning prevention of violence against health care  
2 workers and supplementing Title 26 of the Revised Statutes.

3

4 BE IT ENACTED *by the Senate and General Assembly of the State*  
5 *of New Jersey:*

6

7 1. This act shall be known and may be cited as the “Violence  
8 Prevention in Health Care Facilities Act.”

9

10 2. The Legislature finds and declares that:

11 a. Violence is an escalating problem in many health care settings  
12 in the State and across the nation, and although violence is an  
13 increasing problem for many workers, health care workers are at a  
14 particularly high risk;

15 b. According to the Bureau of Labor Statistics, the incidence of  
16 injury from nonfatal assaults of health service workers is  
17 significantly higher than that of other workers;

18 c. The actual incidence of violence is likely higher than reported  
19 for various reasons, including inadequate reporting mechanisms and  
20 because victims under-report incidents out of fear of reprisal,  
21 isolation and embarrassment;

22 d. Violence against health care workers exacts a significant toll  
23 on victims, their co-workers, patients, families and visitors;

24 e. Insurance claims, lost productivity, disruptions to operations,  
25 legal expenses and property damage are only a few of the negative  
26 effects that workplace violence has on health care facilities;

27 f. Preventing workplace violence is essential for creating a safe  
28 and therapeutic environment for patients;

29 g. Health care professionals who leave their occupations because  
30 of assaults or threats of assault contribute to the general shortage of  
31 health care professionals; and

32 h. It is possible to reduce and mitigate the effects of violence in  
33 health care settings through employer-based violence prevention  
34 programs.

35

36 3. As used in this act:

37 “Covered health care facility” means a health care facility  
38 licensed by the Department of Health and Senior Services pursuant  
39 to P.L.1971, c.136 (C.26:2H-1 et seq.), a State or county psychiatric  
40 hospital, a State developmental center, or a health care service firm  
41 regulated by the Division of Consumer Affairs in the Department of  
42 Law and Public Safety pursuant to P.L.1989, c.331 (C.34:8-43 et  
43 seq.).

44 “Health care worker” means an individual who is employed by a  
45 covered health care facility.

46 “Violence” or “violent act” means any physical assault, or any  
47 physical or verbal threat of assault or harm against a health care  
48 worker.

1       4. Within 6 months of the effective date of this act, a covered  
2 health care facility shall establish a violence prevention program for  
3 the purpose of protecting health care workers. A health care system  
4 with more than one covered health care facility shall have a  
5 violence prevention program at each facility. The program shall, at  
6 a minimum, include the requirements set forth in this section.

7       a. The covered health care facility shall establish a violence  
8 prevention committee, which shall include a representative of  
9 management, who shall be responsible for overseeing all aspects of  
10 the program. At least 50% of the members of the committee shall  
11 be health care workers who provide direct patient care or otherwise  
12 have contact with patients. In a facility where health care workers  
13 are represented by a collective bargaining agent, the collective  
14 bargaining agent shall select the health care worker committee  
15 members.

16       The remaining committee members shall have experience,  
17 expertise, or responsibility relevant to violence prevention.

18       A health care system with more than one covered health care  
19 facility shall have a committee at each facility.

20       b. Within 18 months of the effective date of this act, the  
21 committee shall develop and maintain a detailed, written violence  
22 prevention plan that identifies workplace risks, and provides  
23 specific methods to address them. The plan shall, at a minimum:

24       (1) provide an annual comprehensive violence risk-assessment  
25 for the covered health care facility that considers, to the extent  
26 applicable:

27       (a) the facility's layout, access restrictions, crime rate in  
28 surrounding areas, lighting, and communication and alarm devices;

29       (b) adequacy of staffing levels, including security personnel;

30       (c) the presence of individuals who may pose a risk of violence;  
31 and

32       (d) a review of any records relating to violent incidents at the  
33 facility, including incidents required to be reported pursuant to  
34 subsection f. of this section, the Log of Work-Related Injuries and  
35 Illnesses (OSHA Form 300), and workers' compensation records;

36       (2) identify violence prevention policies; and

37       (3) specify methods to reduce identified risks, including training,  
38 and changes to job design, staffing, security, equipment and facility  
39 modifications.

40       c. The covered health care facility shall provide a copy of the  
41 plan to the Commissioners of Health and Senior Services and  
42 Human Services and the Director of the Division of Consumer  
43 Affairs, and upon request, to each health care worker and collective  
44 bargaining agent that represents health care workers at the facility.

45       d. The covered health care facility shall annually conduct  
46 violence prevention training. The training shall include a review of:  
47 the facility's relevant policies; techniques to de-escalate and  
48 minimize violent behavior; appropriate responses to workplace

1 violence, including use of restraining techniques, reporting  
2 requirements and procedures; location and operation of safety  
3 devices; and resources for coping with violence.

4 e. The covered health care facility shall have sufficient numbers  
5 of personnel trained to identify aggressive and violent predicting  
6 factors and to appropriately respond to and manage violent  
7 disturbances.

8 f. The covered health care facility shall keep a record of all  
9 violent acts against employees while at work. The records shall be  
10 maintained for at least five years following the reported act, during  
11 which time employees, their authorized representatives, and the  
12 Department of Health and Senior Services shall have access to the  
13 record. The record shall include:

14 (1) the date, time and location of the incident;

15 (2) the identity and job title of the victim;

16 (3) whether the act was committed by a patient, visitor, or  
17 employee;

18 (4) the nature of the violent act, including whether a weapon was  
19 used;

20 (5) a description of physical injuries, if any;

21 (6) the number of employees in the vicinity when the incident  
22 occurred and their actions in response to the incident, if any; and

23 (7) the actions taken by the facility in response to the incident.

24 g. The covered health care facility shall establish a post-incident  
25 response system that provides, at a minimum, an in-house crisis  
26 response team for employee-victims and their co-workers, and  
27 individual and group crisis counseling, which may include support  
28 groups, family crisis intervention, and professional referrals.

29

30 5. A covered health care facility shall not retaliate against any  
31 health care worker for reporting violent incidents.

32

33 6. A covered health care facility licensed pursuant to P.L.1971,  
34 c.136 (C.26:2H-1 et seq.) that is in violation of the provisions of  
35 this act shall be subject to such penalties as the Commissioner of  
36 Health and Senior Services may determine pursuant to sections 13  
37 and 14 of P.L.1971, c.136 (C.26:2H-13 and 26:2H-14). A covered  
38 health care facility that is regulated pursuant to P.L.1989, c.331  
39 (C.34:8-43 et seq.) that is in violation of the provisions of this act  
40 shall be subject to such penalties as the Director of the Division of  
41 Consumer Affairs may determine pursuant to section 12 of  
42 P.L.1989, c.331 (C.34:8-53).

43

44 7. The Commissioners of Health and Senior Services and  
45 Human Services and the Director of the Division of Consumer  
46 Affairs in the Department of Law and Public Safety shall adopt  
47 rules and regulations pursuant to the "Administrative Procedure

1 Act," P.L.1968, c.410 (C.52:14B-1 et seq.) to carry out the purposes  
2 of this act.

3

4 8. This act shall take effect immediately.

5

6

7

STATEMENT

8

9 This bill, designated the "Violence Prevention in Health Care  
10 Facilities Act," is intended to protect health care workers from  
11 violence that occurs in health care settings by requiring the  
12 establishment of violence prevention programs in each facility.

13 The entities covered under this bill would be health care facilities  
14 licensed by the Department of Health and Senior Services, State and  
15 county psychiatric hospitals, State developmental centers, and  
16 health care service firms regulated by the Division of Consumer  
17 Affairs. The bill defines "violence" or "violent act" to mean  
18 physical assault, and physical or verbal threat of assault or harm  
19 against a health care worker.

20 Specifically, the bill would require a covered health care facility  
21 to establish a violence prevention program that includes, at a  
22 minimum, the following components:

- 23 • The facility would be required to establish a violence prevention  
24 committee, which shall include a representative of management  
25 who shall be responsible for all aspects of the program. At least  
26 half of the committee's membership would include direct-care  
27 health care workers, and if those workers are represented by a  
28 collective bargaining agent, the agent would select who would  
29 serve on the committee. The remaining members would have  
30 relevant experience, expertise, or responsibility at the facility.
- 31 • Within 18 months of the effective date of the bill, the committee  
32 would be required to develop a written violence prevention plan  
33 that identifies workplace risks and provides specific methods to  
34 address them. The plan elements would include an annual  
35 comprehensive violence risk-assessment that considers, to the  
36 extent applicable, the facility's layout, crime rate in surrounding  
37 areas, adequacy of staffing levels, presence of individuals who  
38 may pose a risk, and a review of violent incidents at the facility,  
39 among other things. The plan would also identify violence  
40 prevention policies and methods to reduce identified risks.
- 41 • The facility is to provide a copy of the plan to the commissioners  
42 of Health and Senior Services and Human Services, the Director  
43 of the Division of Consumer Affairs, and upon request, health  
44 care workers and collective bargaining agents.
- 45 • Facilities also would be required to conduct annual violence  
46 prevention training, which would include a review of the  
47 facility's policies, and provide violence prevention techniques.

- 1 • Facilities would be required to maintain detailed records of all  
2 violent acts against employees while engaged in work.
- 3 • Facilities would have to have sufficient numbers of personnel  
4 trained to identify aggressive and violent predicting factors and  
5 to appropriately respond to and manage violent disturbances.
- 6 • Facilities also would be required to establish a post-incident  
7 response system that provides, at a minimum, an in-house crisis  
8 response team and individual and group crisis counseling.
- 9 The bill also would prohibit a covered health care facility from  
10 retaliating against any health care worker for reporting an incident.
- 11 Finally, a covered health care facility licensed pursuant to  
12 N.J.S.A.26:2H-1 et seq. or a covered facility regulated by  
13 N.J.S.A.34:8-43 et seq. that violates the provisions of this bill  
14 would be subject to penalties pursuant to N.J.S.A.26:2H-13 and  
15 26:2H-14, and N.J.S.A.34:8-53, as applicable.

# ASSEMBLY HEALTH AND SENIOR SERVICES COMMITTEE

## STATEMENT TO

### **ASSEMBLY, No. 3027**

with committee amendments

# **STATE OF NEW JERSEY**

DATED: JANUARY 18, 2007

The Assembly Health and Senior Services Committee reports favorably and with committee amendments Assembly Bill No. 3027.

As amended by the committee, this bill, which is designated as the “Violence Prevention in Health Care Facilities Act,” is intended to protect persons working in health care facilities from violent incidents by requiring these facilities to establish violence prevention programs.

The bill provides specifically as follows:

- The facilities covered under this bill include general or special hospitals, nursing homes, State and county psychiatric hospitals, and State developmental centers.
- The bill defines “violence” or “violent act” to mean any physical assault, or any physical or credible verbal threat of assault or harm against a health care worker.
- A covered health care facility is required to establish a violence prevention program, under which it is to establish a violence prevention committee that includes a representative of management, or his designee, who is responsible for all aspects of the program. At least half of the committee membership is to include direct care health care workers; and, if those workers are represented by a collective bargaining agent, the management of the facility is to consult with the bargaining agent regarding the selection of committee members. The remaining members are to have relevant experience, expertise, or responsibility at the facility.
- In the case of a health care system that owns or operates more than one covered health care facility, or the Department of Human Services (which operates several hospitals and developmental centers), the violence prevention program and committee may be operated at the system or department level if:
  - the committee members include at least one direct care health care worker from each facility;
  - the committee develops a violence prevention plan for each facility; and
  - data related to violence prevention remain distinctly identifiable for each facility.

- Within 18 months of the effective date of the bill, the committee is required to develop a written violence prevention plan that identifies workplace risks and provides specific methods to address them. The plan, at a minimum, is to:
  - provide an annual comprehensive violence risk-assessment that considers, to the extent applicable, the facility's layout and surrounding areas; the impact of staffing, including security personnel; the presence of individuals who may pose a risk; and a review of any records relating to violent incidents at the facility;
  - identify violence prevention policies; and
  - specify methods to reduce identified risks.
- The facility is to make a copy of the plan available, upon request for on-site inspection: to the Commissioners of Health and Senior Services, Children and Families, and Human Services; and, upon request, to health care workers and collective bargaining agents; except that, in the event the committee determines that the plan contains information that would pose a threat to security if made public, any such information is to be excluded before providing copies to workers or collective bargaining agents.
- The facility is to conduct annual violence prevention training, which includes a review of relevant facility policies and violence prevention techniques and resources.
- The facility must have personnel sufficiently trained to identify aggressive and violent predicting factors and the ability to appropriately respond to and manage violent disturbances.
- The facility is to maintain detailed records of all violent acts against employees while engaged in work.
- The facility is to establish a post-incident response system that provides, at a minimum, an in-house crisis response team and individual and group crisis counseling.
- The facility is prohibited from taking retaliatory action against any health care worker for reporting violent incidents.
- Finally, a facility that violates the provisions of this bill is subject to penalties pursuant to sections 13 and 14 of P.L.1971, c.136 (C.26:2H-13 and 26:2H-14).

As reported by the committee, this bill is identical to Senate Bill No. 1761 (1R) (Vitale/Coniglio), which is pending in the Senate Budget and Appropriations Committee.

#### COMMITTEE AMENDMENTS

The committee amendments to the bill:

- limit the provisions of the bill to special and general hospitals and nursing homes, rather than including all licensed health care facilities and health care service firms as the bill originally provided;
- specify in the definition of "violence" or "violent act" that the term includes any "credible" verbal threat of assault or harm against a health care worker;

- make revisions to the requirements to establish a violence prevention committee to address health care systems with more than one covered facility and the Department of Human Services, and authorize management to appoint a designee as its representative on the committee;
- delete the provision that the collective bargaining agent select the health care worker members, and provide instead that the management of the facility consult with the collective bargaining agents in selecting members;
- clarify that the required comprehensive violence risk-assessment for the facility consider the “impact of staffing,” rather than the “adequacy of staffing levels” as the bill originally provided;
- require that a health care facility make a copy of the violence prevention plan available, upon request, to the Commissioners of Health and Senior Services, Human Services, and Children and Families for on-site inspection, rather than requiring it to provide a copy of the plan to these entities, and add the Commissioner of Children and Families to the list of departments that can have access to the plan;
- authorize the violence prevention committee in a facility to exclude from the copy of the plan that it provides to workers and collective bargaining agents information that the committee determines would pose a threat to security if made public;
- clarify that a health care facility is to have “personnel sufficiently trained” to identify aggressive and violent predicting factors and the “ability” to appropriately respond to and manage violent disturbances, rather than sufficient numbers of personnel as the bill originally provided;
- specify that the victim’s identity is not to be included in the record of a violent act against an employee while at work, if the victim’s identity would not be entered on the OSHA Form 300 because it is a privacy concern case under OSHA;
- specify that the records of violent acts established by a facility will not be considered a public or government record available for public inspection;
- delete references to the Division of Consumer Affairs in the Department of Law and Public Safety, since the provisions of the bill no longer include health care service firms that are regulated by it; and
- make other technical changes to the bill.



# ASSEMBLY APPROPRIATIONS COMMITTEE

## STATEMENT TO

[First Reprint]

**ASSEMBLY, No. 3027**

# **STATE OF NEW JERSEY**

DATED: MAY 10, 2007

The Assembly Appropriations Committee reports favorably Assembly Bill No. 3027 (1R).

The bill, designated as the “Violence Prevention in Health Care Facilities Act,” is intended to protect persons working in health care facilities from violent incidents by requiring these facilities to establish violence prevention programs.

The bill provides specifically as follows:

- The facilities covered under this bill include general or special hospitals, nursing homes, State and county psychiatric hospitals, and State developmental centers.
- The bill defines “violence” or “violent act” to mean any physical assault, or any physical or credible verbal threat of assault or harm against a health care worker.
- A covered health care facility is required to establish a violence prevention program, under which it is to establish a violence prevention committee that includes a representative of management, or his designee, who is responsible for all aspects of the program. At least half of the committee membership is to include direct care health care workers; and, if those workers are represented by a collective bargaining agent, the management of the facility is to consult with the bargaining agent regarding the selection of committee members. The remaining members are to have relevant experience, expertise, or responsibility at the facility.
- In the case of a health care system that owns or operates more than one covered health care facility, or the Department of Human Services (which operates several hospitals and developmental centers), the violence prevention program and committee may be operated at the system or department level if:
  - the committee members include at least one direct care health care worker from each facility;
  - the committee develops a violence prevention plan for each facility; and
  - data related to violence prevention remain distinctly identifiable for each facility.

- Within 18 months of the effective date of the bill, the committee is required to develop a written violence prevention plan that identifies workplace risks and provides specific methods to address them. The plan, at a minimum, is to:
  - provide an annual comprehensive violence risk-assessment that considers, to the extent applicable, the facility's layout and surrounding areas; the impact of staffing, including security personnel; the presence of individuals who may pose a risk; and a review of any records relating to violent incidents at the facility;
  - identify violence prevention policies; and
  - specify methods to reduce identified risks.
- The facility is to make a copy of the plan available, upon request for on-site inspection: to the Commissioners of Health and Senior Services, Children and Families, and Human Services; and, upon request, to health care workers and collective bargaining agents; except that, in the event the committee determines that the plan contains information that would pose a threat to security if made public, any such information is to be excluded before providing copies to workers or collective bargaining agents.
- The facility is to conduct annual violence prevention training, which includes a review of relevant facility policies and violence prevention techniques and resources.
- The facility must have personnel sufficiently trained to identify aggressive and violent predicting factors and the ability to appropriately respond to and manage violent disturbances.
- The facility is to maintain detailed records of all violent acts against employees while engaged in work.
- The facility is to establish a post-incident response system that provides, at a minimum, an in-house crisis response team and individual and group crisis counseling.
- The facility is prohibited from taking retaliatory action against any health care worker for reporting violent incidents.
- Finally, a facility that violates the provisions of this bill is subject to penalties pursuant to sections 13 and 14 of P.L.1971, c.136 (C.26:2H-13 and 26:2H-14).

FISCAL IMPACT:

This bill is not certified as requiring a fiscal note. It is likely that a State facility is already in substantial compliance with the requirements under the bill, and therefore full compliance is unlikely to require significant additional expenditure.

# SENATE BUDGET AND APPROPRIATIONS COMMITTEE

## STATEMENT TO

[First Reprint]

**ASSEMBLY, No. 3027**

# **STATE OF NEW JERSEY**

DATED: DECEMBER 3, 2007

The Senate Budget and Appropriations Committee reports favorably Assembly Bill No. 3027 (1R).

This bill which is designated the “Violence Prevention in Health Care Facilities Act,” is intended to protect health care workers from violence that occurs in health care settings by requiring the establishment of violence prevention programs at general and special hospitals, nursing homes, State developmental centers, and State and county psychiatric hospitals.

The bill defines “violence” or a “violent act” to mean physical assault, and physical or credible verbal threat of assault or harm against a health care worker.

The bill requires a covered health care facility to establish a violence prevention program that includes, at a minimum: a violence prevention committee; a written violence prevention plan within 18 months following the effective date of this act; annual violence prevention training; the collection of data regarding violent acts against employees; and a post-incident response system.

The bill also prohibits a covered health care facility from taking retaliatory action against any health care worker for reporting an incident.

Finally, a general or special hospital or nursing home that violates the provisions of this bill would be subject to penalties pursuant to N.J.S.A.26:2H-13 and 26:2H-14.

This bill is identical to Senate Bill No. 1761 (1R), as also reported by the committee.

### FISCAL IMPACT:

The Office of Legislative Services (OLS) is unable to determine any additional costs or savings that affected health care facilities may realize as a result of the “Violence Prevention in Health Care Facilities Act” since the adequacy of existing violence prevention policies at the nearly 500 facilities affected by the legislation is not known. Thus, the extent to which the affected health care facilities may or may not be in compliance with the legislation’s requirements is unknown.

The OLS further notes that to the extent that there is a reduction in injuries to employees as a result of the bill's requirements, costs associated with the treatment of injuries, sick leave, overtime or Workers Compensation may be reduced.

# LEGISLATIVE FISCAL ESTIMATE

[First Reprint]

## ASSEMBLY, No. 3027

### STATE OF NEW JERSEY 212th LEGISLATURE

DATED: JUNE 25, 2007

#### SUMMARY

- Synopsis:** “Violence Prevention in Health Care Facilities Act”; requires certain health care entities to establish violence prevention programs to protect health care workers.
- Type of Impact:** Possible increase in costs that cannot be determined. To the extent that there is a reduction in injuries to employees, costs associated with the treatment of injuries, sick leave, overtime or Workers’ Compensation may be reduced.
- Agencies Affected:** Departments of Health and Senior Services and Human Services. County governments that administer and/or operate nursing homes or psychiatric hospitals.

#### Office of Legislative Services Estimate

<b>Fiscal Impact</b>	<b><u>Years 1 -3</u></b>
<b>State Cost and Local Costs</b>	Possible increase in costs that cannot be determined. To the extent that there is a reduction in injuries to employees, costs associated with the treatment of injuries, sick leave, overtime or Workers Compensation may be reduced.

- Information on how nearly 500 health care facilities affected by this legislation protect employees from violent incidents is not available and as information to what, if any, data such facilities compile on “violence” or “violent acts” against employees is not known, therefore, costs associated with this legislation cannot be determined.

#### BILL DESCRIPTION

Assembly Bill No. 3027 (1R) of 2006, the “Violence Prevention in Health Care Facilities Act,” covers general and special hospitals, nursing homes, State developmental centers, and State and county psychiatric hospitals and defines “violence” or a “violent act” against employees. The legislation establishes various requirements for facilities, such as establishing a violence prevention program; developing a written violence prevention plan within 18 months after the

legislation's effective date; providing annual violence prevention training, and the collecting data on violent acts against employees.

## **FISCAL ANALYSIS**

### ***EXECUTIVE BRANCH***

None received.

### ***OFFICE OF LEGISLATIVE SERVICES***

The Office of Legislative Services is not able to determine any additional costs or any savings affected health care facilities may realize as a result of the "Violence Prevention in Health Care Facilities Act."

#### **Costs**

The adequacy of existing violence prevention policies at the nearly 500 facilities affected by the legislation is not known. Thus, the extent to which the affected health care facilities may not be in compliance with the legislation's requirements is not known.

Unless the affected health care facilities clearly identify the additional costs associated with the legislation in the cost reports that are filed with government agencies, it will be difficult to determine any additional costs associated with the "Violence Prevention in Health Care Facilities Act."

#### **Savings**

Implementation of the "Violence Prevention in Health Care Facilities Act" may reduce medical costs related to the treatment of injuries to employees and may reduce employee costs related to sick leave, overtime and Workers' Compensation. Without examining the cost reports of nearly 500 health care facilities as to their expenditures for the treatment of injuries to employees and expenditures related to sick leave, overtime and Workers' Compensation prior to and subsequent to the implementation of the legislation, it would be difficult to determine what savings health care facilities may realize as a result of the legislation.

*Section: Human Services*

*Analyst: Jay A. Hershberg  
Principal Fiscal Analyst*

*Approved: David J. Rosen  
Legislative Budget and Finance Officer*

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L. 1980, c.67.

# SENATE, No. 1761

## STATE OF NEW JERSEY 212th LEGISLATURE

INTRODUCED MARCH 21, 2006

**Sponsored by:**

**Senator JOSEPH F. VITALE**

**District 19 (Middlesex)**

**Senator JOSEPH CONIGLIO**

**District 38 (Bergen)**

**Co-Sponsored by:**

**Senators Adler, Weinberg, Madden and Rice**

**SYNOPSIS**

“Violence Prevention in Health Care Facilities Act,” requires certain health care entities to establish violence prevention programs to protect health care workers.

**CURRENT VERSION OF TEXT**

As introduced.



**(Sponsorship Updated As Of: 12/15/2006)**

S1761 VITALE, CONIGLIO

2

1 AN ACT concerning prevention of violence against health care  
2 workers and supplementing Title 26 of the Revised Statutes.

3

4 BE IT ENACTED by the Senate and General Assembly of the State  
5 of New Jersey:

6

7 1. This act shall be known and may be cited as the “Violence  
8 Prevention in Health Care Facilities Act.”

9

10 2. The Legislature finds and declares that:

11 a. Violence is an escalating problem in many health care settings  
12 in the State and across the nation, and although violence is an  
13 increasing problem for many workers, health care workers are at a  
14 particularly high risk;

15 b. According to the Bureau of Labor Statistics, the incidence of  
16 injury from nonfatal assaults of health service workers is  
17 significantly higher than that of other workers;

18 c. The actual incidence of violence is likely higher than reported  
19 for various reasons, including inadequate reporting mechanisms and  
20 because victims under-report incidents out of fear of reprisal,  
21 isolation and embarrassment;

22 d. Violence against health care workers exacts a significant toll  
23 on victims, their co-workers, patients, families and visitors;

24 e. Insurance claims, lost productivity, disruptions to operations,  
25 legal expenses and property damage are only a few of the negative  
26 effects that workplace violence has on health care facilities;

27 f. Preventing workplace violence is essential for creating a safe  
28 and therapeutic environment for patients;

29 g. Health care professionals who leave their occupations because  
30 of assaults or threats of assault contribute to the general shortage of  
31 health care professionals; and

32 h. It is possible to reduce and mitigate the effects of violence in  
33 health care settings through employer-based violence prevention  
34 programs.

35

36 3. As used in this act:

37 “Covered health care facility” means a health care facility  
38 licensed by the Department of Health and Senior Services pursuant  
39 to P.L.1971, c.136 (C.26:2H-1 et seq.), a State or county psychiatric  
40 hospital, a State developmental center, or a health care service firm  
41 regulated by the Division of Consumer Affairs in the Department of  
42 Law and Public Safety pursuant to P.L.1989, c.331 (C.34:8-43 et  
43 seq.).

44 “Health care worker” means an individual who is employed by a  
45 covered health care facility.

46 “Violence” or “violent act” means any physical assault, or any  
47 physical or verbal threat of assault or harm against a health care  
48 worker.



1       4. Within 6 months of the effective date of this act, a covered  
2 health care facility shall establish a violence prevention program for  
3 the purpose of protecting health care workers. A health care system  
4 with more than one covered health care facility shall have a  
5 violence prevention program at each facility. The program shall, at  
6 a minimum, include the requirements set forth in this section.

7       a. The covered health care facility shall establish a violence  
8 prevention committee, which shall include a representative of  
9 management, who shall be responsible for overseeing all aspects of  
10 the program. At least 50% of the members of the committee shall  
11 be health care workers who provide direct patient care or otherwise  
12 have contact with patients. In a facility where health care workers  
13 are represented by a collective bargaining agent, the collective  
14 bargaining agent shall select the health care worker committee  
15 members.

16       The remaining committee members shall have experience,  
17 expertise, or responsibility relevant to violence prevention.

18       A health care system with more than one covered health care  
19 facility shall have a committee at each facility.

20       b. Within 18 months of the effective date of this act, the  
21 committee shall develop and maintain a detailed, written violence  
22 prevention plan that identifies workplace risks, and provides  
23 specific methods to address them. The plan shall, at a minimum:

24       (1) provide an annual comprehensive violence risk-assessment  
25 for the covered health care facility that considers, to the extent  
26 applicable:

27       (a) the facility's layout, access restrictions, crime rate in  
28 surrounding areas, lighting, and communication and alarm devices;

29       (b) adequacy of staffing levels, including security personnel;

30       (c) the presence of individuals who may pose a risk of violence;  
31 and

32       (d) a review of any records relating to violent incidents at the  
33 facility, including incidents required to be reported pursuant to  
34 subsection f. of this section, the Log of Work-Related Injuries and  
35 Illnesses (OSHA Form 300), and workers' compensation records;

36       (2) identify violence prevention policies; and

37       (3) specify methods to reduce identified risks, including training,  
38 and changes to job design, staffing, security, equipment and facility  
39 modifications.

40       c. The covered health care facility shall provide a copy of the  
41 plan to the Commissioners of Health and Senior Services and  
42 Human Services and the Director of the Division of Consumer  
43 Affairs, and upon request, to each health care worker and collective  
44 bargaining agent that represents health care workers at the facility.

45       d. The covered health care facility shall annually conduct  
46 violence prevention training. The training shall include a review of:  
47 the facility's relevant policies; techniques to de-escalate and  
48 minimize violent behavior; appropriate responses to workplace

1 violence, including use of restraining techniques, reporting  
2 requirements and procedures; location and operation of safety  
3 devices; and resources for coping with violence.

4 e. The covered health care facility shall have sufficient numbers  
5 of personnel trained to identify aggressive and violent predicting  
6 factors and to appropriately respond to and manage violent  
7 disturbances.

8 f. The covered health care facility shall keep a record of all  
9 violent acts against employees while at work. The records shall be  
10 maintained for at least five years following the reported act, during  
11 which time employees, their authorized representatives, and the  
12 Department of Health and Senior Services shall have access to the  
13 record. The record shall include:

14 (1) the date, time and location of the incident;

15 (2) the identity and job title of the victim;

16 (3) whether the act was committed by a patient, visitor, or  
17 employee;

18 (4) the nature of the violent act, including whether a weapon was  
19 used;

20 (5) a description of physical injuries, if any;

21 (6) the number of employees in the vicinity when the incident  
22 occurred and their actions in response to the incident, if any; and

23 (7) the actions taken by the facility in response to the incident.

24 g. The covered health care facility shall establish a post-incident  
25 response system that provides, at a minimum, an in-house crisis  
26 response team for employee-victims and their co-workers, and  
27 individual and group crisis counseling, which may include support  
28 groups, family crisis intervention, and professional referrals.

29

30 5. A covered health care facility shall not retaliate against any  
31 health care worker for reporting violent incidents.

32

33 6. A covered health care facility licensed pursuant to P.L.1971,  
34 c.136 (C.26:2H-1 et seq.) that is in violation of the provisions of  
35 this act shall be subject to such penalties as the Commissioner of  
36 Health and Senior Services may determine pursuant to sections 13  
37 and 14 of P.L.1971, c.136 (C.26:2H-13 and 26:2H-14). A covered  
38 health care facility that is regulated pursuant to P.L.1989, c.331  
39 (C.34:8-43 et seq.) that is in violation of the provisions of this act  
40 shall be subject to such penalties as the Director of the Division of  
41 Consumer Affairs may determine pursuant to section 12 of  
42 P.L.1989, c.331 (C.34:8-53).

43

44 7. The Commissioners of Health and Senior Services and  
45 Human Services and the Director of the Division of Consumer  
46 Affairs in the Department of Law and Public Safety shall adopt  
47 rules and regulations pursuant to the "Administrative Procedure

1 Act," P.L.1968, c.410 (C.52:14B-1 et seq.) to carry out the purposes  
2 of this act.

3

4 8. This act shall take effect immediately.

5

6

7

STATEMENT

8

9 This bill, designated the "Violence Prevention in Health Care  
10 Facilities Act," is intended to protect health care workers from  
11 violence that occurs in health care settings by requiring the  
12 establishment of violence prevention programs in each facility.

13 The entities covered under this bill would be health care facilities  
14 licensed by the Department of Health and Senior Services, State and  
15 county psychiatric hospitals, State developmental centers, and  
16 health care service firms regulated by the Division of Consumer  
17 Affairs. The bill defines "violence" or "violent act" to mean  
18 physical assault, and physical or verbal threat of assault or harm  
19 against a health care worker.

20 Specifically, the bill would require a covered health care facility  
21 to establish a violence prevention program that includes, at a  
22 minimum, the following components:

- 23 • The facility would be required to establish a violence prevention  
24 committee, which shall include a representative of management  
25 who shall be responsible for all aspects of the program. At least  
26 half of the committee's membership would include direct-care  
27 health care workers, and if those workers are represented by a  
28 collective bargaining agent, the agent would select who would  
29 serve on the committee. The remaining members would have  
30 relevant experience, expertise, or responsibility at the facility.
- 31 • Within 18 months of the effective date of the bill, the committee  
32 would be required to develop a written violence prevention plan  
33 that identifies workplace risks and provides specific methods to  
34 address them. The plan elements would include an annual  
35 comprehensive violence risk-assessment that considers, to the  
36 extent applicable, the facility's layout, crime rate in surrounding  
37 areas, adequacy of staffing levels, presence of individuals who  
38 may pose a risk, and a review of violent incidents at the facility,  
39 among other things. The plan would also identify violence  
40 prevention policies and methods to reduce identified risks.
- 41 • The facility is to provide a copy of the plan to the commissioners  
42 of Health and Senior Services and Human Services, the Director  
43 of the Division of Consumer Affairs, and upon request, health  
44 care workers and collective bargaining agents.
- 45 • Facilities also would be required to conduct annual violence  
46 prevention training, which would include a review of the  
47 facility's policies, and provide violence prevention techniques.

**S1761 VITALE, CONIGLIO**

6

- 1 • Facilities would be required to maintain detailed records of all  
2 violent acts against employees while engaged in work.
- 3 • Facilities would have to have sufficient numbers of personnel  
4 trained to identify aggressive and violent predicting factors and  
5 to appropriately respond to and manage violent disturbances.
- 6 • Facilities also would be required to establish a post-incident  
7 response system that provides, at a minimum, an in-house crisis  
8 response team and individual and group crisis counseling.
- 9 The bill also would prohibit a covered health care facility from  
10 retaliating against any health care worker for reporting an incident.
- 11 Finally, a covered health care facility licensed pursuant to  
12 N.J.S.A.26:2H-1 et seq. or a covered facility regulated by  
13 N.J.S.A.34:8-43 et seq. that violates the provisions of this bill  
14 would be subject to penalties pursuant to N.J.S.A.26:2H-13 and  
15 26:2H-14, and N.J.S.A.34:8-53, as applicable.

SENATE HEALTH, HUMAN SERVICES AND SENIOR  
CITIZENS COMMITTEE

STATEMENT TO

**SENATE, No. 1761**

with committee amendments

**STATE OF NEW JERSEY**

DATED: DECEMBER 14, 2006

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with amendments Senate Bill No. 1761.

As amended by committee, this bill, which is designated the “Violence Prevention in Health Care Facilities Act,” is intended to protect health care workers from violence that occurs in health care settings by requiring the establishment of violence prevention programs in each facility.

The entities covered under this bill would be general or special hospitals, nursing homes, State and county psychiatric hospitals, and State developmental centers. The bill defines “violence” or “violent act” to mean physical assault, and physical or credible verbal threat of assault or harm against a health care worker.

Specifically, the bill would require a covered health care facility to establish a violence prevention program that includes, at a minimum, the following components:

- The facility would be required to establish a violence prevention committee, which shall include a representative of management, or his designee, who shall be responsible for all aspects of the program. At least half of the committee’s membership would include direct care health care workers, and if those workers are represented by a collective bargaining agent, the management of the facility would consult with the bargaining agent regarding the selection of members who will serve on the committee. The remaining members would have relevant experience, expertise, or responsibility at the facility.
- In the case of a health care system that owns or operates more than one covered health care facility, or the Department of Human Services (which operates several hospitals and developmental centers), the violence prevention program and committee may be operated at the system or department level if: (a) committee membership includes at least one direct care health care worker from each facility; (b) the committee develops a violence

prevention plan for each facility; and (c) data related to violence prevention remain distinctly identifiable for each facility.

- Within 18 months of the effective date of the bill, the committee would be required to develop a written violence prevention plan that identifies workplace risks and provides specific methods to address them. The plan elements would include an annual comprehensive violence risk-assessment that considers, to the extent applicable: the facility's layout; crime rate in surrounding areas; impact of staffing, including security personnel; presence of individuals who may pose a risk; and a review of violent incidents at the facility, among other things. The plan would also identify violence prevention policies and methods to reduce identified risks.
- The facility is to make a copy of the plan available, upon request for on-site inspection, to the Commissioners of Health and Senior Services, Children and Families, and Human Services, and upon request, to health care workers and collective bargaining agents, except that, in the event the committee determines that the plan contains information that would pose a threat to security if made public, any such information shall be excluded before providing copies to workers or collective bargaining agents.
- Facilities also would be required to conduct annual violence prevention training, which would include a review of the facility's policies, and provide violence prevention techniques.
- Facilities would be required to maintain detailed records of all violent acts against employees while engaged in work.
- Facilities would have to have personnel sufficiently trained to identify aggressive and violent predicting factors and the ability to appropriately respond to and manage violent disturbances.
- Facilities also would be required to establish a post-incident response system that provides, at a minimum, an in-house crisis response team and individual and group crisis counseling.

The bill also would prohibit a covered health care facility from taking retaliatory action against any health care worker for reporting an incident.

Finally, a general or special hospital or nursing home that violates the provisions of this bill would be subject to penalties pursuant to N.J.S.A.26:2H-13 and 26:2H-14.

This bill is similar to Assembly Bill No. 3027 (Conaway/Prieto/Voss), which is pending in the Assembly Health and Senior Services Committee.

#### COMMITTEE AMENDMENTS:

The committee amended the bill to:

- limit the provisions of the bill to special and general hospitals and nursing homes, rather than include all licensed health care facilities and health care service firms as the bill originally provided;

-- specify in the definition of “violence” or “violent act” that the term includes any credible verbal threat of assault or harm against a health care worker;

-- make revisions to the requirements to establish a violence prevention committee to address health care systems with more than one covered facility and the Department of Human Services (which operates several psychiatric hospitals and developmental centers), and authorize management to appoint a designee as its representative of management on the committee;

--delete the provision that the collective bargaining agent select the health care worker members, and provide instead that the management of the facility consult with the collective bargaining agents in selecting members;

-- clarify that the required comprehensive violence risk-assessment for the facility consider the “impact of staffing,” rather than the “adequacy of staffing levels” as the bill originally provided;

-- require that a health care facility make a copy of the violence prevention plan available, upon request, to the Commissioners of Health and Senior Services, Human Services and Children and Families for on-site inspection, rather than require the facility to provide a copy of the plan to these entities, and add the Commissioner of Children and Families to the list of departments that can have access to the plan;

-- authorize the violence prevention committee in a facility to exclude in the copy of the plan it provides to workers and collective bargaining agents information that the committee determines would pose a threat to security if made public;

--clarify that a health care facility shall have “personnel sufficiently trained” to identify aggressive and violent predicting factors and the “ability” to appropriately respond to and manage violent disturbances, rather than sufficient numbers of personnel as the bill originally provided;

-- specify that the victim’s identity would not be included in the record of all violent acts against employees while at work, if the victim’s identity would not be entered on the OSHA Form 300 because it is a privacy concern case under OSHA;

-- specify that the facility’s records of violent acts shall not be considered public or government records available for public inspection;

-- delete references to the Division of Consumer Affairs in the Department of Law and Public Safety, since the provisions of the bill no longer include health care service firms, which are regulated by the division; and

-- make other technical changes to the bill.

# SENATE BUDGET AND APPROPRIATIONS COMMITTEE

## STATEMENT TO

[First Reprint]

**SENATE, No. 1761**

# **STATE OF NEW JERSEY**

DATED: DECEMBER 3, 2007

The Senate Budget and Appropriations Committee reports favorably Senate 1761 (1R).

The bill, which is designated the “Violence Prevention in Health Care Facilities Act,” is intended to protect health care workers from violence that occurs in health care settings by requiring the establishment of violence prevention programs at general and special hospitals, nursing homes, State developmental centers, and State and county psychiatric hospitals.

The bill defines “violence” or a “violent act” to mean physical assault, and physical or credible verbal threat of assault or harm against a health care worker.

The bill requires a covered health care facility to establish a violence prevention program that includes, at a minimum: a violence prevention committee; a written violence prevention plan within 18 months following the effective date of this act; annual violence prevention training; the collection of data regarding violent acts against employees; and a post-incident response system.

The bill also prohibits a covered health care facility from taking retaliatory action against any health care worker for reporting an incident.

Finally, a general or special hospital or nursing home that violates the provisions of this bill would be subject to penalties pursuant to N.J.S.A.26:2H-13 and 26:2H-14.

This bill is identical to Assembly Bill No. 3027 (1R), as also reported by the committee.

### FISCAL IMPACT:

The Office of Legislative Services (OLS) is unable to determine any additional costs or savings that affected health care facilities may realize as a result of the “Violence Prevention in Health Care Facilities Act” since the adequacy of existing violence prevention policies at the nearly 500 facilities affected by the legislation is not known. Thus, the extent to which the affected health care facilities may or may not be in compliance with the legislation’s requirements is unknown.



The OLS further notes that to the extent that there is a reduction in injuries to employees as a result of the bill's requirements, costs associated with the treatment of injuries, sick leave, overtime or Workers Compensation may be reduced.

# LEGISLATIVE FISCAL ESTIMATE

[First Reprint]

**SENATE, No. 1761**

## **STATE OF NEW JERSEY 212th LEGISLATURE**

DATED: NOVEMBER 26, 2007

### **SUMMARY**

- Synopsis:** “Violence Prevention in Health Care Facilities Act”; requires certain health care entities to establish violence prevention programs to protect health care workers.
- Type of Impact:** Possible increase in costs that cannot be determined.  
To the extent that there is a reduction in injuries to employees, costs associated with the treatment of injuries, sick leave, overtime or Workers’ Compensation may be reduced.
- Agencies Affected:** Departments of Health and Senior Services and Human Services. County governments that administer and/or operate nursing homes or psychiatric hospitals.

### **Office of Legislative Services Estimate**

<b>Fiscal Impact</b>	<b><u>Years 1 -3</u></b>
<b>State Cost and Local Costs</b>	Possible increase in costs that cannot be determined. To the extent that there is a reduction in injuries to employees, costs associated with the treatment of injuries, sick leave, overtime or Workers Compensation may be reduced.

- Information on how nearly 500 health care facilities affected by this legislation protect employees from violent incidents is not available and, because information as to what, if any, data such facilities compile on “violence” or “violent acts” against employees is not known, therefore, costs associated with this legislation cannot be determined.

### **BILL DESCRIPTION**

Senate Bill No. 1761 (1R) of 2006, the “Violence Prevention in Health Care Facilities Act,” covers general and special hospitals, nursing homes, State developmental centers, and State and county psychiatric hospitals and defines “violence” or a “violent act” against employees. The legislation establishes various requirements for facilities, such as establishing a violence prevention program; developing a written violence prevention plan within 18 months after the

legislation's effective date; providing annual violence prevention training; and collecting data on violent acts against employees.

## **FISCAL ANALYSIS**

### ***EXECUTIVE BRANCH***

None received.

### ***OFFICE OF LEGISLATIVE SERVICES***

The Office of Legislative Services is not able to determine any additional costs or savings that affected health care facilities may realize as a result of the "Violence Prevention in Health Care Facilities Act."

#### **Costs**

The adequacy of existing violence prevention policies at the nearly 500 facilities affected by the legislation is not known. Thus, the extent to which the affected health care facilities may not be in compliance with the legislation's requirements is not known.

Unless the affected health care facilities clearly identify the additional costs associated with the legislation in the cost reports that are filed with government agencies, it will be difficult to determine any additional costs associated with the "Violence Prevention in Health Care Facilities Act."

#### **Savings**

Implementation of the "Violence Prevention in Health Care Facilities Act" may reduce medical costs related to the treatment of injuries to employees and may reduce employee costs related to sick leave, overtime, and Workers' Compensation. Without examining the cost reports of nearly 500 health care facilities as to their expenditures for the treatment of injuries to employees and expenditures related to sick leave, overtime, and Workers' Compensation prior to and subsequent to the implementation of the legislation, it would be difficult to determine what savings health care facilities may realize as a result of the legislation.

*Section:* Human Services

*Analyst:* Jay A. Hershberg  
Principal Fiscal Analyst

*Approved:* David J. Rosen  
Legislative Budget and Finance Officer

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L. 1980, c.67 (C. 52:13B-1 et seq.).